

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

JENKINS FOR CONGRESS

ADDRESS (number and street)

PO BOX 727

Check if different
than previously
reported. (ACC)

HUNTINGTON

WV

25711

2. FEC IDENTIFICATION NUMBER ▼

C

C00548271

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

WV

03

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y
11 / 04 / 2014in the
State of

WV

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
10 / 01 / 2014

through

M M / D D / Y Y Y Y
10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer PAUL A KILGORE

Signature of Treasurer

PAUL A KILGORE

[Electronically Filed]

Date

M M / D D / Y Y Y Y
10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	35933.33	1450614.52
(b) Total Contribution Refunds (from Line 20(d))	800.00	16850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	35133.33	1433764.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	323757.42	1272262.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	323757.42	1272262.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	172786.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	5045.46	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 31

Write or Type Committee Name

JENKINS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

16093.33

1021203.44

(ii) Unitemized.....

1840.00

75061.08

(iii) TOTAL of contributions from individuals ▶

17933.33

1096264.52

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees (such as PACs).....

18000.00

350500.00

(d) The Candidate.....

0.00

2850.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

35933.33

1450614.52

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

15479.88

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

304.28

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

35933.33

1466398.68

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	323757.42	1272262.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	2000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	800.00	16850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	800.00	16850.00
21. OTHER DISBURSEMENTS	0.00	2500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	324557.42	1293612.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	461410.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35933.33
25. SUBTOTAL (add Line 23 and Line 24).....	497343.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	324557.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	172786.38

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAUL E ADAMS

A.

Mailing Address PO BOX 252

City

BARBOURSVILLE

State

WV

Zip Code

25504

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.8980

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

DREMA D. ADKINS

B.

Mailing Address 1231 PETER CAVE RD.

City

GENOA

State

WV

Zip Code

25517

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.9177

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

MARSHA BAILEY

C.

Mailing Address 201 CARRINGTON DRIVE

City

HURRICANE

State

WV

Zip Code

25526

FEC ID number of contributing
federal political committee.

C

Name of Employer

OCCUPATIONAL AND ENVIRONMENTAL HEA

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SA11AI.9189

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

PAUL BLOM

Mailing Address 449 ST ANDREWS DR

City

BARBOURSVILLE

State

WV

Zip Code

25504

FEC ID number of contributing
federal political committee.

C

Name of Employer
RADIOLOGY-INCOccupation
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5633.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : SA11AI.9193

Amount of Each Receipt this Period

333.33

REATTRIBUTION REQUESTED

Full Name (Last, First, Middle Initial)

DENNIS BRACKMAN

Mailing Address HC 70 BOX 458

City

WHITE SULPHUR SPRI

State

WV

Zip Code

24986

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		07		2014

Transaction ID : SA11AI.9168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

ALLAN CHAMBERLAIN

Mailing Address 255 HIGH DRIVE

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST. MARY'S MEDICAL MANAGEMENTOccupation
PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.9202

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

633.33

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 31
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial) JOSEPH CINCINNATI			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 06 / 2014</div> </div>	
Mailing Address 1008 TAVERN RD. STE. 102			Transaction ID : SA11AI.9166	
City MARTINSBURG	State WV	Zip Code 25401	Amount of Each Receipt this Period <div> <div></div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer CENTER FOR ORTHOPEDIC EXCELLENCE		Occupation SURGEON		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>1000.00</div> </div>		

Full Name (Last, First, Middle Initial) JOHN R ELLIOT			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 06 / 2014</div> </div>	
Mailing Address 240 CAPITOL STREET			Transaction ID : SA11AI.8959	
City CHARLESTON	State WV	Zip Code 25301	Amount of Each Receipt this Period <div> <div></div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer AMFM INC		Occupation PRESIDENT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>3600.00</div> </div>		

Full Name (Last, First, Middle Initial) GREG ELLIOT			Date of Receipt <div> <div>M M / D D / Y Y Y Y</div> <div>10 / 06 / 2014</div> </div>	
Mailing Address 240 CAPITOL ST. STE. 500			Transaction ID : SA11AI.8958	
City CHARLESTON	State WV	Zip Code 25301	Amount of Each Receipt this Period <div> <div></div> <div>1000.00</div> </div>	
FEC ID number of contributing federal political committee. C				
Name of Employer AMFM INC		Occupation DIRECTOR		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date <div> <div></div> <div>2600.00</div> </div>		

SUBTOTAL of Receipts This Page (optional).....			<div> <div></div> <div>3000.00</div> </div>	
TOTAL This Period (last page this line number only).....			<div> <div></div> <div></div> </div>	

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANDREW M ELLIOT

Mailing Address 1542 BEDFORD ROAD

City

CHARLESTON

State

WV

Zip Code

25314

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.8982

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

JAMES D FELSEN

Mailing Address 1369 ORLEANS DRIVE

City

GREAT CACAPON

State

WV

Zip Code

25422

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.9207

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

MANUEL GOMEZ

Mailing Address HC 34 BOX 323

City

LEWISBURG

State

WV

Zip Code

24901

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.8978

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1100.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRAD HALL

A.

Mailing Address 446 CLEMANS ROAD

City

FLEMINGTON

State

WV

Zip Code

26347

FEC ID number of contributing
federal political committee.

C

Name of Employer
WVMPHP

Occupation

EXECUTIVE MEDICAL DIRECTOR

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 02 / 2014

Transaction ID : SA11AI.9158

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

GRAY HAMPTON

B.

Mailing Address 891 LAKE AVE.

City

GREENWICH

State

CT

Zip Code

06831

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.9170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

PAMELA HUCK

C.

Mailing Address 1 OAKBROOK DRIVE

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 06 / 2014

Transaction ID : SA11AI.8979

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

ROBERT HUNKLER

A.

Mailing Address 16128 E RED MOUNTAIN TRL

City

FOUNTAIN HILLS

State

AZ

Zip Code

85268

FEC ID number of contributing
federal political committee.

C

Name of Employer

IMS HEALTH

Occupation

DIRECTOR, PROF. RELATIONS

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		01		2014

Transaction ID : SA11AI.9153

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON

B.

Mailing Address 3786 MIAMI ST.

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

564.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.9169

Amount of Each Receipt this Period

5.00

Full Name (Last, First, Middle Initial)

WILLIAM M JOHNSTON

C.

Mailing Address 3786 MIAMI ST.

City

SEAFORD

State

NY

Zip Code

11783

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUB INTERNATIONAL NE

Occupation

ACCOUNT EXECUTIVE

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

569.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.9213

Amount of Each Receipt this Period

5.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

110.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 31

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

MUTHUSAMI KUPPUSAMI**A.**

Mailing Address 109 WINDSOR CR

City

BLUEFIELD

State

VA

Zip Code

24605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		05		2014

Transaction ID : SA11AI.9165

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

RICHARD E MCWHORTER**B.**

Mailing Address 22 CHESTNUT DR

City

HUNTINGTON

State

WV

Zip Code

25706

FEC ID number of contributing
federal political committee.

C

Name of Employer

RADIOLOGY, INC.

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.9178

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

RICHARD S. PEPPER**C.**

Mailing Address 78 DUNDEE LANE

City

BARRINGTON

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE PEPPER COMPANY

Occupation

CONTRACTOR

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.9184

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

2800.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

MARIE PHILLIPS

A.

Mailing Address 286 TWP RD. 1483

City

CHESAPEAKE

State

OH

Zip Code

45619

FEC ID number of contributing
federal political committee.

C

Name of Employer
ATTITUDE AVIATIONOccupation
OWNER

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.9206

Amount of Each Receipt this Period

2600.00

Full Name (Last, First, Middle Initial)

R O ROBERTSON

B.

Mailing Address 265 HIGH DR.

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		06		2014

Transaction ID : SA11AI.8977

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

GARY SCHULTZ

C.

Mailing Address 1108 W POWDERHORN RD

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
WV MUTUAL INSURANCEOccupation
ACCOUNTANT

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Transaction ID : SA11AI.9209

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2950.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 13 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRUCE SOLL**A.**

Mailing Address 141 S. DREXEL AVE.

City

BEXLEY

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer

L BRANDS

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : SA11AI.9188

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

MICHAEL SPIERTO**B.**

Mailing Address 7717 LAFAYETTE FORREST DR.

City

ANNANDALE

State

VA

Zip Code

22003

FEC ID number of contributing
federal political committee.

C

Name of Employer

TECH AMERICA

Occupation

PUBLIC POLICY ANALYST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.9173

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

KEITH TOMBLIN**C.**

Mailing Address 45 BOB NAPIER RD.

City

GENOA

State

WV

Zip Code

25517

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SA11AI.9176

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

1750.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 14 OF 31

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

CUFFY YORK**A.**

Mailing Address 3 HICKORY LANE

City

HUNTINGTON

State

WV

Zip Code

25705

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DENTIST

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : SA11AI.9172

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

16093.33

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 31

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

A.

Mailing Address 655 BEACH STREET

City

SAN FRANCISCO

State

CA

Zip Code

94109

FEC ID number of contributing
federal political committee.

C C00196246

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11C.9185

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

E.I. DU PONT DE NEMOURS COMPANY GOOD GOVERNMENT FUND (DUPONT GOOD GOVERNMENT FUND)

B.

Mailing Address CHESTNUT RUN PLZ-BLDG 708/OFF. 178

974 CENTRE RD

City

WILMINGTON

State

DE

Zip Code

19805

FEC ID number of contributing
federal political committee.

C C00171926

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11C.9197

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

GOP GENERATION Y FUND

C.

Mailing Address PO BOX 9055

City

PEORIA

State

IL

Zip Code

61612

FEC ID number of contributing
federal political committee.

C C00448191

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11C.9175

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 31

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOBS, ECONOMY AND BUDGET FUND (JEB FUND)

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.**C** C00420695

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11C.9181

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

LIBERTY PROJECT

Mailing Address PO BOX 53866

City

LUBBOCK

State

TX

Zip Code

79453

FEC ID number of contributing
federal political committee.**C** C00446625

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2014

Transaction ID : SA11C.9198

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

LONE STAR LEADERSHIP PAC

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.**C** C00415208

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11C.9180

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 31

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

MR. SOUTHER MISSOURIAN IN THE HOUSE PAC

Mailing Address PO BOX 30844

City

BETHESDA

State

MD

Zip Code

20824

FEC ID number of contributing
federal political committee.

C

C00563726

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SA11C.9199

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1000.00

18000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MICHAEL CHIRICO

Mailing Address 32 WOODLAND DRIVE

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
FIELD CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

5000.00	1000.00
---------	---------

Transaction ID : SB17.9265

B. LAUREN DEWITT

Mailing Address 34 WATERSIDE DRIVE

City	State	Zip Code
MORGANTOWN	WV	26508

Purpose of Disbursement
FUNDRAISING CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

5000.00	3111.60
---------	---------

Transaction ID : SB17.9263

C. FRANK FERCARDO

Mailing Address 1538 4TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
OFFICE RENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

5000.00	1000.00
---------	---------

Transaction ID : SB17.8956

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5111.60

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FRANK FERCARDO

Mailing Address 1538 4TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
OFFICE RENT

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

115.63

Transaction ID : SB17.8957

B. FRANK FERCARDO

Mailing Address 1538 4TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
OFFICE UTILITIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

87.04

Transaction ID : SB17.9150

C. FIFTH THIRD BANK

Mailing Address 517 9TH STREET

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
BANK FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

120.00

Transaction ID : SB17.9280

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

322.67

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GUYAN COUNTRY CLUB

Mailing Address 5450 ROUTE EAST

City	State	Zip Code
HUNTINGTON	WV	25705

Purpose of Disbursement
EVENT FACILITY RENTAL AND CATERING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

3455.41

Transaction ID : SB17.9256

B. IMGE LLC

Mailing Address 603 KING STREET 4TH FLOOR

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

2599.00

Transaction ID : SB17.9257

C. CAITLIN IRR

Mailing Address 601 12TH AVE

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1348.31

Transaction ID : SB17.9254

SUBTOTAL of Disbursements This Page (optional).....

7402.72

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KARL ROVE AND COMPANYMailing Address 1333 NEW HAMPSHIRE AVE NW
SUITE 236

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
EVENT SUPPLIES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1823.59

Transaction ID : SB17.9259

B. MAYFAIR STREET LLC

Mailing Address 3101 N HAMPTON DRIVE UNIT 404

City ALEXANDRIA State VA Zip Code 22302

Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB17.9264

C. PROFESSIONAL DATA SERVICES

Mailing Address 2470 DANIELS BRIDGE RD STE 121

City ATHENS State GA Zip Code 30606

Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.9266

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10323.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KARIE SHARP

Mailing Address 204 BROADWAY AVE

City	State	Zip Code
NITRO	WV	25143

Purpose of Disbursement
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.9247

B. STRATEGIC MEDIA SERVICES

Mailing Address 3299 K ST NW #200

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
MEDIA BUY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

125690.00

Transaction ID : SB17.8955

C. STRATEGIC MEDIA SERVICES

Mailing Address 3299 K ST NW #200

City	State	Zip Code
WASHINGTON	DC	20007

Purpose of Disbursement
MEDIA BUY

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

145735.00

Transaction ID : SB17.9151

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

271725.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		01		2014

Amount of Each Disbursement this Period

155.10

Transaction ID : SB17.9269

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2014

Amount of Each Disbursement this Period

20.05

Transaction ID : SB17.9270

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

6.53

Transaction ID : SB17.9272

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

181.68

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 OF 31

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
 SAN FRANCISCO CA 94110

Purpose of Disbursement
 CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 10 / 04 / 2014

Amount of Each Disbursement this Period

20.96

Transaction ID : SB17.9273

B. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
 SAN FRANCISCO CA 94110

Purpose of Disbursement
 CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 10 / 05 / 2014

Amount of Each Disbursement this Period

16.10

Transaction ID : SB17.9274

C. STRIPE

Mailing Address 3180 18TH ST

City State Zip Code
 SAN FRANCISCO CA 94110

Purpose of Disbursement
 CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
 10 / 06 / 2014

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.9275

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

117.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

20.05

Transaction ID : SB17.9276

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

23.03

Transaction ID : SB17.9282

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		11		2014

Amount of Each Disbursement this Period

59.85

Transaction ID : SB17.9284

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

102.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		12		2014

Amount of Each Disbursement this Period

8.20

Transaction ID : SB17.9285

B. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		13		2014

Amount of Each Disbursement this Period

48.00

Transaction ID : SB17.9286

C. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

59.26

Transaction ID : SB17.9289

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

115.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRIPE

Mailing Address 3180 18TH ST

City	State	Zip Code
SAN FRANCISCO	CA	94110

Purpose of Disbursement
CC TRANSACTION FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

261.06

Transaction ID : SB17.9293

B. THE MONROE WATCHMAN

Mailing Address PO BOX 179

City	State	Zip Code
UNION	WV	24983

Purpose of Disbursement
ADVERTISING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

189.00

Transaction ID : SB17.9267

C. THE TARRANCE GROUP

Mailing Address 201 N UNION STE 410

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
POLLING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

19382.00

Transaction ID : SB17.9268

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

19832.06

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BRETT TUBBS

Mailing Address 1225 STAUTON RD

City	State	Zip Code
CHARLESTON	WV	25314

Purpose of Disbursement
MILEAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

Amount of Each Disbursement this Period

1854.45

Transaction ID : SB17.9253

B. USPS

Mailing Address 1200 VETERANS MEMORIAL BLVD

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

103.95

Transaction ID : SB17.9279

c. USPS

Mailing Address 1200 VETERANS MEMORIAL BLVD

City	State	Zip Code
HUNTINGTON	WV	25701

Purpose of Disbursement
POSTAGE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

245.00

Transaction ID : SB17.9287

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2203.40

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 31

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 1200 VETERANS MEMORIAL BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

6149.62

Purpose of Disbursement
POSTAGE

001

Transaction ID : SB17.9291

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. JUSTIN ZINK

Mailing Address 1415 4TH AVE APT 338

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

5659.62

Purpose of Disbursement
FIELD CONSULTING

001

Transaction ID : SB17.9258

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

6149.62

323587.79

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 31

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CASSIE A MILLER

Mailing Address 2106 WILTSHIRE BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		03		2014

City	State	Zip Code
HUNTINGTON	WV	25701

Amount of Each Disbursement this Period

800.00

Purpose of Disbursement
CONTRIBUTION REFUND

010

Transaction ID : SB20A.9255

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City	State	Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

800.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 31

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

JENKINS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

EVAN H JENKINS

Nature of Debt (Purpose):

TRAVEL EXPENSES, MEETING EXPENSES,
OFFICE SUPPLIES, PRINTING, POSTAGE

Mailing Address 121 OAK LANE

City State

Zip Code

HUNTINGTON

WV

25701

Outstanding Balance Beginning This Period

5045.46

Transaction ID : SD10.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5045.46

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

5045.46

2) **TOTALS** This Period (last page this line number only)

5045.46

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

5045.46